

## **SECTION III EXHIBITS**

**Letter of Intent for RFO DOF-0043-06**

Direct the Letter of Intent to submit an offer for RFO DOF-0043-06 to the individual shown below:

Vicki Huntsman  
Department of Finance  
Business Services  
915 L Street, Room G390  
Sacramento, California 95814

Telephone: (916) 445-1986 ext. 3053  
Fax: (916) 324-8223  
E-mail: vicki.huntsman@dof.ca.gov

Vendor shall specify by checking one of the following regarding their present intent in response to the above referenced RFO.

- ☐ Submit an offer and has no problem with the RFO requirements
- ☐ Submit an offer, but has one or more problems with the RFO requirements for the reasons stated in this response (specify below)
- ☐ Does not intend to submit an offer, for reasons stated in this response, and has no problem with the RFO requirements
- ☐ Does not intend to submit an offer because of one or more problems with the RFO for reasons stated in this response (specify below)

The individual to whom all information regarding this RFO should be transmitted is:

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Name and Title: \_\_\_\_\_

If not submitting an offer and/or vendor has one or more problems with the RFO requirements, please state below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

July 31, 2006

### Conflict of Interest Certification

I certify that I have no economic interest incompatible with my involvement with the Department of Finance's Budget Information System Project. I certify that neither my spouse nor my dependent child(ren) have a financial interest and no present employment which would be incompatible with my participation in the project. I further certify that I have not, within the past 12 months and I am not currently discussing employment or investment opportunities which would present a Conflict of Interest with my involvement in the BIS Project. For the duration of my involvement in the BIS Project, I agree not to accept any gift, benefit, gratuity or consideration, or begin a personal or financial interest with any business entity which may benefit from any solutions proposed for the BIS Project.

### Confidentiality Certification

I further certify that I will hold in the strictest confidence and will not copy, give or otherwise disclose to any other party, who has not signed a copy of this confidentiality agreement, information concerning the planning, processes, development, procedures, correspondence, working papers or any other information, in any form whatsoever, which is made available to me as part of my duties with the project until such time as said information is no longer confidential. I fully understand that any disclosure of confidential project information may be a basis for civil or criminal penalties and/or disciplinary action including dismissal or termination. I understand that once information is publicly disclosed by the state that information is no longer confidential.

I understand that if I discontinue work on the project before it ends (due to reassignment, resignation from government service, cancellation of contract, etc) I must continue to keep confidential any project information which was made available to me as part of my duties with the project until such time as said information is no longer confidential. I agree to follow any instructions provided by the state relating to the confidentiality of the BIS Project information.

Signature:	Date:
Name:	Agency/Company:
Title:	Unit:
Position:	E-Mail Address:
Telephone:	Fax Number:

Return original signed certification with your final offer.

Keep copy for self (and Contract and/or Vendor's Employer) if desired

## Confidentiality and Non-Disclosure Agreement

This **Confidentiality and Non-Disclosure Agreement** certifies that all employees of the company identified below will apply confidentiality measures in compliance with the practices or procedures mandated by the Department of General Services or the Department of Finance regarding public information. All confidential information will remain the exclusive property of the Department of Finance. All requests from entities other than those related to this project must be approved by the Department of Finance Project Director.

On behalf of below company, I fully understand that disclosure of confidential information may be cause for civil penalties.

Company Name: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Print Name and Title: \_\_\_\_\_

\_\_\_\_\_

## Department of Finance

### Computer Security Policy

This policy applies to employees, contractors, consultants, temporaries, and other workers at the Department of Finance (Finance), including all personnel affiliated with third parties. This policy applies to all equipment that is owned or leased by employees, contractors, consultants, and temporaries including all personnel affiliated with third parties.

In order to secure Finance information technology (IT) resources and mitigate security vulnerabilities, all users shall use Finance IT resources responsibly and adhere to the following requirements:

1. Install antivirus software and ensure virus definition (DAT) files are, and remain, up-to-date.
2. Apply vendor-supplied patches/fixes necessary to repair security vulnerabilities.
3. When logging onto the Finance network for the first time, change your password (see instructions below if necessary).

**To change password:**

- a. Hold down Ctrl+Alt+Delete
  - b. From the Windows Security Dialog box, click **Change Password**
  - c. Enter your Temporary Password in the **Old Password** box
  - d. Enter your New Password (must be a minimum of 9 characters) in the **New Password** box
  - e. Reenter your New Password in the **Confirm New Password** box and click OK
4. Do not share your computer or network account(s) password with anyone. This includes family and other household members when work is being done at home.
  5. Read and comply with the Finance Computer Use Policy located at [http://134.186.74.242/dof\\_insider/admin/APM/APM-3000.doc](http://134.186.74.242/dof_insider/admin/APM/APM-3000.doc).

I have read and understand the Department of Finance Computer Security Policy.

---

Signature

---

Date

July 31, 2006

### List of Proposed Subcontractors

Listed hereinafter is the name and address of each subcontractor who will be employed by the vendor on the BIS Project and the kind of work each will perform if the contract is awarded to the aforesigned. I hereby clearly set forth the name and address of each subcontractor who will perform work or render service to me in amount in excess of one-half of one percent (1/2 of 1%) of my total offer and that, as to any work in which the subcontractor(s) fail to do so, I agree to perform that portion.

Note: When more than one subcontractor is identified for the same type of work (e.g., technical writer), state the portion that each is to perform.

#### SUBCONTRACTORS

WORK TO BE PERFORMED	PERCENTAGE OF PROPOSAL	NAME AND ADDRESS

NOTE: For purposes of this offer, the vendor will be considered to be the prime contractor.

## Customer Reference

**NOTE TO CUSTOMER REFERENCE:**

- The Vendor for this Request for Offer (RFO) is providing you this Customer Reference form to verify your overall satisfaction of their prior contract performance in relation to the requirements of this RFO.
- As part of reviewing completed customer reference forms received, the state will contact you for a brief discussion of the contents of this form.
- If the vendor has pre-filled items 1 through 8, please verify that the information is correct.

---

1. Customer Reference Department Name: \_\_\_\_\_

2. Customer Level:

- ☐ State Government (specify): \_\_\_\_\_
- ☐ County Government (specify): \_\_\_\_\_
- ☐ City Government (specify): \_\_\_\_\_
- ☐ Subsection within a government (e.g., Port Authority) \_\_\_\_\_
- ☐ Non-Government (specify): \_\_\_\_\_

3. Customer Reference Contact Person: \_\_\_\_\_

4. Title of Customer Reference Contact Person: \_\_\_\_\_

5. Phone #: (\_\_\_\_) \_\_\_\_\_

6. Customer Reference Contact Address (Mailing and e-mail):

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

E-mail address: \_\_\_\_\_

7. Duration of Service: \_\_\_\_\_ through \_\_\_\_\_

8. Dollar Amount of Service: \_\_\_\_\_ (\$250,000 annual minimum)

**Note: Items 9 through 12 are to be completed by the reference customer contact only.**

9. Please provide a brief description of the work performed (use additional sheets if deemed necessary):

---

---

---

---

---

10. **Knowledge and Skill Ratings:** On a scale from one (1) to ten (10), with ten being the highest rating, for each of the following categories how would you rate the referenced vendor's Knowledge and Skills? (Please circle one number)

**Project management skills**

1      2      3      4      5      6      7      8      9      10

**Written, oral and presentation skills**

1      2      3      4      5      6      7      8      9      10

**Management of resources other than those working from the vendor's own firm**

1      2      3      4      5      6      7      8      9      10

**Knowledge of public sector financial systems and requirements (i.e., budgeting, accounting, information technology, and procurement processes and practices)**

1      2      3      4      5      6      7      8      9      10

11. **Performance Ratings:** On a scale from one (1) to ten (10), with ten being the highest rating, for each of the following categories how would you rate the referenced vendor's Performance? (Please circle one number)

**Quality of work products**

1      2      3      4      5      6      7      8      9      10

**Timeliness of Deliverables and Other Work Products**

1      2      3      4      5      6      7      8      9      10

**Effectiveness of vendor's personnel**

1      2      3      4      5      6      7      8      9      10

**Success of the Work Product (i.e., was the project successfully implemented?)**

1      2      3      4      5      6      7      8      9      10

12. **Customer Satisfaction Rating:** On a scale from one (1) to ten (10) with ten being the highest rating, how would you rate your Overall Satisfaction with the referenced vendor? (Please circle one number)

1      2      3      4      5      6      7      8      9      10

**Certification:** *I hereby certify that I have made a diligent effort to ascertain the facts with regard to the representations made herein and, to the best of my knowledge and belief all information is accurate.*

**Customer Reference Contact Person Signature:** \_\_\_\_\_

July 31, 2006



## Vendor Experience Summary

Please complete the Vendor Experience Summary Form based on the projects cited in your offer. Do not include information on projects not cited in your offer. Add additional pages as needed. A separate form should be completed for each proposed subcontractor firm.

**Project Name/Client Name, Contact, & Number:** Provide the project name cited in your offer and the client's name, contact person, and contact phone number.

**Description and Type of Experience:** Provide an overview of the project and identify the type of experience gained by your firm on the project (e.g., project office setup, COTS implementation, project management, financial systems implementation, etc.)

**Start Date and End Date:** Provide the start and end date the firm was involved in the cited project.

**Duration (in months):** Provide the number of total months the firm was involved in the cited project.

**Project Dollar Value:** Provide the total dollar value of the cited project, including project planning, development, and implementation costs.

**RFO Req. #:** Identify the requirement number(s) identified in Section II, Statement of Work that this project satisfies.

**Vendor Experience Summary Form****Vendor Name:**

<b>Project Name Client Name, Contact, &amp; Number</b>	<b>Description and Type of Experience</b>	<b>Start Date and End Date</b>	<b>Duration (in months)</b>	<b>Project Dollar Value</b>	<b>RFO Req #</b>
<i>e.g., More Money Project ABC Corporation Jim Hall (212-555-1111)</i>	<i>Implemented mySAP ERP Financial for the client's 8 divisions</i>	<i>05-02 to 06-04</i>	<i>25</i>	<i>\$10,250,000</i>	<i>B.2 B.3 B.4</i>

## Proposed Staff Experience Summary

Please complete the Proposed Staff Experience Summary Form based on the projects cited in your offer. Do not include information on projects not cited in your offer. If a proposed team member has gained experience from various efforts or contract engagements, please provide information for each engagement on a separate line. Add additional pages as needed. A separate form should be completed for each proposed staff person.

**Project Name/Client Name, Contact, & Number:** Provide the project name cited in your offer and the client's name, contact person, and contact phone number.

**Employer, Role, and Type of Experience:** Identify who the proposed staff was employed by while on the project cited, the staff person's role on the cited project, and the type of experience gained on the project (e.g., project management, establishing a project office, COTS implementation, managing an integrated project team, etc.)

**Start Date and End Date:** Provide the start and end date the staff person was involved in the cited project.

**Duration (in months):** Provide the number of total months the staff person was involved in the cited project.

**Project Dollar Value:** Provide the total dollar value of the cited project, including project planning, development, and implementation costs.

**RFO Req. #:** Identify the requirement number(s) identified in Section II, Statement of Work that this project satisfies.

## Proposed Staff Experience Summary Form

**Vendor Name:**

**Staff Name:**

Project Name Client Name, Contact, & Number	Employer, Role, and Type of Experience	Start Date and End Date	Duration (in months)	Project Dollar Value	RFO Req #
<i>e.g., Budgets Re-Work Project Hillsborough County Jane Doe (670-555-2222)</i>	<i>SuperSystems, Inc. Project Manager Managed implementation of Oracle Financials across 3 offices; managed 10 client staff, 14 SuperSystems staff, 4 Oracle staff, and 2 Compaq staff</i>	<i>11-03 to 06-05</i>	<i>20</i>	<i>\$11,000,000</i>	<i>C.3 C.4 C.5 C.6 C.7</i>

## Proposed Resource Staffing Form

Please complete the Proposed Resource Staffing Form identifying each member of the proposed team, their role in the BIS Project, the estimated number of works to be worked per week and the total number of hours that will be worked during the fiscal year. The Resource Summary should summarize the estimated number of hours by fiscal year and provide a total for the estimated number of hours for the BIS Project.

<b>FY 2006 - 2007</b>			
Name of Staff	Role	Estimated Number of Hours per Week	Total Number of Hours
<b>TOTAL</b>			

<b>FY 2007- 2008</b>			
Name of Staff	Role	Estimated Number of Hours per Week	Total Number of Hours
<b>TOTAL</b>			

<b>FY 2008 - 2009</b>			
Name of Staff	Role	Estimated Number of Hours per Week	Total Number of Hours
<b>TOTAL</b>			

<b>FY 2009- 2010</b>			
Name of Staff	Role	Estimated Number of Hours per Week	Total Number of Hours
<b>TOTAL</b>			

<b>FY 2010 - 2011</b>			
Name of Staff	Role	Estimated Number of Hours per Week	Total Number of Hours
<b>TOTAL</b>			

<b>Resource Summary</b>	
Fiscal Year	Total Number of Hours
FY 2006 – 2007	
FY 2007 – 2008	
FY 2008 – 2009	
FY 2009 – 2010	
FY 2010 - 2011	
<b>TOTAL</b>	